

FILED NOV 1 1943  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Stamun City  
 (c) Name of hospital or institution: He 10 E 10th - 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether  
 In this community One week (Specify whether  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Saline Co  
 (c) City or town Marshall  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 778 S Jefferson  
 (If not, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** CORA I. BELL

**3. (b) If veteran,** name war no **3. (c) Social Security** No. none

**4. Sex** F **5. Color or race** Negro **6. (a) Single, widowed, married, divorced** M

**6. (b) Name of husband or wife** Fred Bell **6. (c) Age of husband or wife** 63 years

**7. Birth date of deceased** Aug 15 1881  
 (Month) (Day) (Year)

**8. AGE:** Years 62 Months 1 Days 21 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

**9. Birthplace** Marshall Mo  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Self

MOTHER FATHER

**12. Name** John J. Henderson

**13. Birthplace** Saline Co Mo  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Maria E. Neff

**15. Birthplace** Saline Co Mo  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Fred D. Bell

**(b) Address** Marshall Mo

**17. (a) (Burial, cremation, or removal)** Marshall Mo **(b) Date thereof** Oct 10 1943  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Marshall Mo

**18. (a) Signature of funeral director** F. P. Ferguson

**(b) Address** Saline Mo

**19. (a)** 10-6-43 **(b)** J. E. Brown  
 (Date received local Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 10 day 6  
 year 1943 hour 11 minute 20 PM

**21. I hereby certify that I attended the deceased from** 10-3-1943 to 10-6-1943  
 that I last saw him alive on 11-6-1943  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral apoplexy

**Due to** Hypertension

**Due to** Arteriosclerosis

**Other conditions** none  
 (Include pregnancy within 3 months of death)

**Major findings:** none  
 Of operations \_\_\_\_\_

**Of autopsy** none

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_

**(b) Date of occurrence** \_\_\_\_\_

**(c) Where did injury occur?** \_\_\_\_\_  
 (City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_

**While at work?** \_\_\_\_\_ **(Specify type of place)** \_\_\_\_\_  
**(e) Means of injury** \_\_\_\_\_

**23. Signature** B. O. Ferguson (M. D. or other) \_\_\_\_\_

**Address** 1830 2nd St **Date** 10/6/43

**Duration** \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *F. D. Ferguson* .....

Licensed Embalmer No. *2172*

P. O. Address..... *Sadalia, Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**